SENT BY:

Name Signature

Date AUGUST 9, 2004

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		Filing Date		Augu	August 31, 2001		<u> </u>
	cation	First Name	First Named Inventor		Jiang et al.		_
d ddenna lot	·	Art Unit		2633	2633		<u> </u>
Address to: Commissioner for Pa P.O. Box 1450	atents	Examiner Name		Agus	Agustin Bello		<u> </u>
Alexandria, VA 2231:	3-1450.	Attorney D	ocket Numbe	SEN	SEN111		igg
Customer Number:							
Firm of						· · · · · · · · · · · · · · · · · · ·	$\vdash$
Individual Name	LightRail Networks						<del>                                     </del>
Address	1395 Picard Drive						<del> </del>
Address Suite 175							├
City	Rockville:	State MD		Zip	zip 20850		-
Country	USA						├-
Telephone	240-631-2378	Fa	x 240-631-2	379			ـــــــــــــــــــــــــــــــــــــ
data associated with an e Change" (PTO/SB/124).  I am the: ApplicantAr  Assignee o Statement	to change the data associated with existing Customer Number use "Renventor of the entire interest, under 37 CFR 3,73(b) is enclosed.  Agent of record, Registration Number 2018	. (Form PTO/S8	ANGI MULINGI DA	nge the			
C Pasitianos	practitioner named in the applications for declaration. See 37 CFR 1.3	ion transmittel k	etter in an application Number_	cation without	en .		
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This collection of information is required by 37.CFR 1.33. The information is required to obtain or retain a benefit by the public which is to site (and by the USPTO to process) an application. Confidentiality is governed by 85 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete displacation form to the USPTO. Time will vary depending upon the individual case, Any comments in the amount of time you require to complete this form and/or suggestions for moduling this burden, should be sent to the Chief Wormston Office, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SPND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA. 22313-1450. ADDRESS. SEND TO: Commissioner for Palents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the online interest or their representative(s) are required. Submit multiple forms if more than one adjustment is required, see below.

forms are submitted.

Telephone 240-631-2378

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